

LACROSSE REGISTRATION FORM

Brockport Jr. Blue Devils

Received
By: _____

Forms mailed to:

Kim Martin: 11 Glidden Circle, Hamlin, NY 14464

SECTION I

Participant Name: Last _____ MI _____ First _____

Age: _____ Date of Birth: ____/____/____ Grade: _____ Sex: M F Email: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: () _____

If applies: Parental Contact #1: _____ Relationship: _____ Cell # _____

Parental Contact #2: _____ Relationship: _____ Cell # _____

Emergency Contact (other than parent): _____ Phone: () _____

Special Needs/Limitations/Medications:

Medical Provider _____ Phone: () _____

WAIVER FOR PARTICIPATION

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs, I herby, for my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against Brockport United Lacrosse and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Brockport United Lacrosse to execute a refund voucher on my behalf and submit for payment. Refunds are subject to a processing fee.

Signature: _____ Date: _____

(If under 18, parent or guardian signature required)

PHOTO RELEASE

I _____, hereby give the Brockport United Lacrosse permission to use my son/daughters name and photo in the local news papers.

Signature

Date

SECTION II

Please complete the following:

Boys 3/4, Boys 5/6, Girls 5/6 will be \$75.00 per session or \$65.00 per session if you register for both the fall and winter at the same time.

Boys JV (7-10th grade) will be \$95.00 per session or \$85.00 per session if you register for both the fall and winter at the same time. There is a greater cost to the league for this level.

Please complete the following:

Boys 3/4 Fall ___ Winter ___

Boys 5/6 Fall ___ Winter ___

Girls 5/6 Fall ___ Winter ___

Boys JV Fall ___ Winter ___

Form of payment: Cash ___ Check ___

Pinney Size:

YOUTH ___ **ADULT** ___ **SMALL** ___ **MEDIUM** ___ **LARGE** ___ **X-LARGE** ___ **XX-LARGE** ___